

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/10/2013	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST INDIANAPOLIS, IN 46260			
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R000000	<p>This visit was for the Investigation of Complaint # IN00135285.</p> <p>Complaint # IN00135285-Substantiated. State residential deficiencies related to the allegations are cited at R0036 and R0144.</p> <p>Survey dates: October 9 & 10, 2013</p> <p>Facility number: 003282 Provider number: n/a AIM number: n/a</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: Residential: 82 Total: 82</p> <p>Census payor type: Medicaid: 11 Other: 71 Total: 82</p> <p>Sample: 5</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on October 15,</p>		R000000	<p>DISCLAIMER: Preparation and implementation of this plan of correction does not constitute admission or agreement by Rittenhouse Senior Living of Indianapolis of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated October 10, 2013. Rittenhouse Senior Living of Indianapolis specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action not related directly to the licensing and/or certification of this facility or provider.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2013

FORM APPROVED

OMB NO. 0938-0391

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R000036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure family notification related to an unwitnessed fall for 1 of 5 residents reviewed for family notification in a sample of 5. (Resident A)</p> <p>Findings include:</p> <p>The record for Resident A was reviewed on 10/9/13 at 2:15 p.m.</p> <p>Diagnoses for Resident A included, but were not limited to, dementia, high blood pressure, degenerative joint disease, a history of cerebral vascular accident, history of falls, and vertigo.</p> <p>Nurses notes, dated 6/27/13 at 11:30 p.m., indicated the following: "Resident roommate reported to staff that resident fell and picked herself up from floor. No apparent injury noted</p>		R000036	<p>DISCLAIMER: Preparation and implementation of this plan of correction does not constitute admission or agreement by Rittenhouse Senior Living of Indianapolis of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated October 10, 2013. Rittenhouse Senior Living of Indianapolis specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action not related directly to the licensing and/or certification of this facility or provider. R036 410 IAC 16.2-5-1.2(k) (1-2) Residents' Rights What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p style="text-align: right;">The Licensed Nurses shall receive in-service education regarding the</p>		10/27/2013	

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	<p>upon assessment...Alert and confused...denies hitting her head. No concerns of pain or discomfort verbalized...MD call center notified...Family will be notified in AM (morning) by oncoming nurse."</p> <p>Nursing notes, dated 7/9/13 at 7:00 p.m., indicated Resident A's son was not notified of Resident A's fall on 6/27/13.</p> <p>A document titled, "Incident/Accident Report", dated 6/27/13 at 10:25 p.m., indicated Resident A admitted to falling in front of her closet. Documentation indicated the MD was notified on 6/27/13 at 11:15 p.m. and indicated Resident A's son was notified on 7/9/13 at 7:00 p.m.</p> <p>During an interview with the Resident Care Director, on 10/10/13 at 1:30 p.m., she indicated Resident A's son/family was not notified of Resident A's fall on 6/27/13, in an appropriate and timely manner.</p>		<p>facility "Notification Policy – Physicians, Residents and Responsible Parties". How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: The Licensed Nurses shall receive in-service education to include the facility policy "Notification Policy – Physicians, Residents, and Responsible Parties". This training shall also include proper documentation in the clinical record of these notifications. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: All new orders, 24 hour reports and incident reports will be reviewed by Resident Care Director, Memory Care Facilitator and/or designee to ensure proper notification as per per policy has been completed. By what date the systemic changes will be completed: completed:</p> <p style="text-align: right;">Date of completion: 10/27/13</p>				

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R000144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure a reasonable, comfortable aroma and dignified living area for 29 of 29 residents that reside on the Memory Care Unit.</p> <p>Findings include:</p> <p>1.) During a facility tour on 10/9/13 at 11:00 a.m., the memory care unit had a strong, urine odor that lingered throughout the entire unit, that consisted of 2 hallways.</p> <p>During an interview with the Memory Care Unit (MCU) director, on 10/9/13 at 11:18 a.m., she indicated there were some incontinent male residents that had frequent episodes of incontinence, which included urinating on the carpeted floor or in a trash can, in their rooms. She indicated the incontinent episodes were cleaned as soon as possible with a steam cleaner used for carpet, but she indicated uncertainty of odor origin, regarding the lingering odor throughout the unit.</p>	R000144	<p>R144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Memory Care unit carpets were deep cleaned in common areas on 10/11/13 and then again on 10/14/13. Carpets will be scheduled for deep cleaning 1 x week or as needed. Incontinent residents' rooms' carpet was deep cleaned on 10/11/13 and then again on 10/14/13 and will be scheduled for deep cleaning weekly or as need. Mattresses that were soiled were replaced by family members and new mattresses were covered with waterproof coverings. Some of resident chairs (3) that were soiled and had urine odors were removed by family member. Housekeeping department immediately cleaned soiled areas in bathrooms identified during survey (room #59 and Resident's B's bathroom) all resident bathrooms are scheduled for daily cleaning. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents residing in the Memory</p>		10/27/2013		

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	<p>The Maintenance Assistant indicated the foul odor on MCU was due to frequent, daily episodes of incontinence to resident's mattresses, during an interview on 10/9/13 at 1:15 p.m. He indicated the MCU carpeted hallways were professionally cleaned every week, and carpet in resident rooms were cleaned as needed and Resident's D, E, F, & G rooms were professionally cleaned weekly, due to the increased frequency of incontinence for the residents that resided in the rooms.</p> <p>During an interview with the Executive Director, on 10/9/13 at 1:40 p.m., she indicated Resident's D, E, F, & G, mattresses needed to be replaced, preferably with a waterproof mattress covering. She indicated the families should be contacted regarding mattresses and a waterproof covering.</p> <p>On 10/9/13 at 2:35 p.m., during an interview with LPN #1, she indicated the MCU usually had a urine odor due to amount of incontinent residents.</p> <p>2.) During a facility tour on 10/9/13 at 11:00 a.m., the following was noted:</p> <p>a.) Resident B's bathroom had brown markings on the wall next to the toilet.</p>		<p>Care unit have the potential to be affected What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>Environmental/Housekeeping rounds will be put into place to ensure entire unit is clean and reasonably odor free. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Director of Memory Care, or her designees, shall notify housekeeping department of any identified soiled areas or odors in carpets, chairs or mattresses that need attention. The Maintenance Director, or his designee, shall do daily rounds for compliance to verify the cleaning of bathrooms, carpets, other soiled areas and identifying any lingering odors. Results of daily round sheets will be reviewed with Executive Director weekly for four (4) weeks and one (1) time a month ongoing. By what date the systemic changes will be completed: Date of Completion: 10/27/13</p>				

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	<p>The same brown markings were observed on 10/10/13 at 10:55 a.m., with LPN #2 and housekeeping staff # 3. Both staff members indicated unawareness of the markings, and verbally agreed to the need for cleaning.</p> <p>b.) Room #59 was an unoccupied room, however, the bathroom had brown markings on the wall next to the toilet, on the floor, and on the sink countertop. The Executive Director indicated some residents, on the MCU, wander in and out of rooms. A resident must have wandered in room #59 and used the bathroom, without staff awareness.</p> <p>A weekly housekeeping schedule for the MCU was provided by the Executive Director at 2:10 p.m., on 10/9/13. The weekly housekeeping schedule indicated resident's bathrooms were expected to be cleaned on a daily basis. Additionally, she indicated bathrooms were cleaned as needed/necessary, too.</p>						